Healthy Choices in a Healthy Community

A Report on Substance Abuse, Prevention and Treatment Services in Saskatchewan

Presented to
Premier Lorne Calvert
June 2005

By
Graham Addley, MLA, Saskatoon Sutherland
Legislative Secretary on Substance Abuse, Prevention and Treatment

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Letter of Transmittal

To the Honourable Lorne Calvert
Premier of Saskatchewan

Premier:

I am pleased to present you with my final report on substance abuse in Saskatchewan. Overall, much good work is being done, but there are opportunities where we can improve.

My vision is for a province where all children grow up addiction-free.

To support this vision, I have proposed a range of initiatives, based upon my wide-ranging consultations with individuals afflicted with, or recovering from addictions, their families, community leaders, activists, treatment, law enforcement and government officials.

If implemented, I believe my recommendations can make Saskatchewan one of the most progressive of all provinces in the prevention and treatment of addictions. We CAN make this the best province in which to raise a family.

Thank you for the opportunity to do work of such high social importance.

Graham Addley, MLA
Saskatoon Sutherland

Table of Contents

Executive Summary 1

Terms of Reference 3

Vision for Saskatchewan's Substance Abuse Prevention and Treatment Services 4

Substance Abuse in Saskatchewan 6

Substance Abuse Services in Saskatchewan 9

Assessing Current Services 13

Recommended Solutions
- Prevention 15
- Treatment 18
- Co-ordination & Central Support 24
- Supply Reduction 29

Summary 32

Appendix A – Best Practices Summary 33

Appendix B – Consultations List 36

Appendix C – Summary of Provincial, National and Regional Initiatives 38

Appendix D – Bibliography 41

Executive Summary

I was appointed Legislative Secretary to the Premier on Substance Abuse Prevention and Treatment in January 2005. My mandate included reviewing current services, identifying gaps in services, identifying best practices, consulting with stakeholders, and developing recommendations to improve the services available to the people of Saskatchewan.

The report is the result of extensive consultations with more than 50 diverse groups including addictions and mental health professionals, community action groups, police, and government representatives as well as individuals, parents, and parent groups throughout Saskatchewan. It contains a look at substance abuse issues and services in Saskatchewan, a review of those services, recognized best practices from across the country, and recommended solutions.

Substance abuse is a serious and complex problem, not only for those who are battling addictions, but also for society as a whole. People with substance abuse issues need support and the people of Saskatchewan want to ensure that help is available, accessible, and effective.

This report provides recommendations intended to lead to better support of individuals, change prevailing attitudes toward substance abuse, move to proven best practices in substance abuse treatment, and secure better information by which to make our decisions.

The Vision of the Report

> *We can achieve a system of services that gives every child in Saskatchewan the best possible chance to grow up free from addiction, and provides every individual who does develop a substance abuse problem with the support they need to access treatment that works.*

Recommendations

The report's recommendations fall within four core areas: prevention, treatment, co-ordination and central support, and supply reduction.

Prevention

1. Create a new Alcohol and Drug Prevention and Education Directorate within the Department of Health.

2. De-normalize current attitudes about alcohol abuse and reduce the opportunity for abuse.

Treatment

3. Redevelop the current provincial treatment model to reflect best practices.
4. Significantly enhance youth treatment capacity, and expand overall service capacity.
5. Introduce new, more flexible treatment supports for individuals and families.

Co-ordination and Central Support

6. Complete a Community Development Framework that is in keeping with Canada's Drug Strategy, and report to the public on progress.
7. Centralize access to treatment information.
8. Improve supports to communities that help them battle substance abuse issues.
9. Introduce a province-wide training strategy for addictions workers, and ensure that publicly funded programs undergo an accreditation process.
10. Increase what is known about substance abuse issues and how best to treat them by supporting a substance abuse research chair at the University of Saskatchewan, and improving program evaluation and data collection.
11. Improve co-ordination among departments and with other jurisdictions.
12. Ongoing attention to alcohol and drug addiction services is required to continue the current momentum and focus on substance abuse issue.

Supply Reduction

13. Urge the federal government to strengthen penalties for drug possession and trafficking.
14. Build on the MethWatch program to include additional sources of methamphetamine precursors, and take steps to better control access to precursor ingredients.
15. Enhance supports to communities to implement the *Safer Communities and Neighbourhoods Act*, and better promote the toll-free hotline for reporting drug houses.

Based on the consultations and work completed since assuming the position of Legislative Secretary, the directions recommended in this report will help Saskatchewan to provide individuals, families and communities with the services they need when and where they are needed. These measures will more effectively prevent substance abuse and addiction, reduce the harm caused by substance abuse, provide appropriate treatment for individuals and families affected by substance abuse problems, and strengthen enforcement efforts that reduce access to illegal substances.

Terms of Reference

Graham Addley (MLA Saskatoon Sutherland) was appointed Legislative Secretary to the Premier on Substance Abuse Prevention and Treatment for a one-year term beginning January 1, 2005.

The mandate is to:

- review current services that address substance abuse;
- identify gaps in service;
- identify evidence-based best practices to fill gaps related to prevention, treatment, harm reduction and enforcement;
- consult with stakeholders to build consensus and support for initiatives to improve service; and
- recommend specific, targeted initiatives to help those affected by substance abuse.

The original reporting date was December 31, 2005. As it became apparent that specific measures could be implemented earlier, interim recommendations were put forward to the Premier on April 28, 2005, with a commitment to provide a final report by the end of June 2005.

I would like to thank everyone who has helped me prepare this report – the parents and families dealing with substance abuse, the addiction workers, the concerned community leaders and advocates, service delivery agencies, and the many government departments involved, particularly Saskatchewan Health. There was a lot of work to be done on an emotionally gripping issue in an abbreviated period of time.

Vision for Saskatchewan's Substance Abuse Prevention and Treatment Services

Substance abuse is a terrible and dangerous problem, not only for those who are battling addictions, but also for society as a whole. People with substance abuse issues need help, and the people of Saskatchewan want to ensure that help is available, accessible, and effective.

When first tasked in January 2005 with the job of reviewing the current services that address substance abuse and making recommendations on how to improve them, it was clear that consultation with those most affected by the issues or involved in the provision of services was required. Throughout the consultation and review of Saskatchewan's substance abuse, prevention and treatment services, it was also apparent that there are many deeply committed people doing a tremendous amount of good work in the field. The array of available services, while exhibiting some gaps, provides a strong foundation that will allow the province to build one of the best substance abuse prevention, treatment and enforcement systems in the country.

In my view, and based on the consultations and work I have undertaken since assuming the position of Legislative Secretary, the directions recommended in this report will allow Saskatchewan to provide individuals, families and communities with the services they need when and where they are needed. These measures will more effectively prevent substance abuse and addiction, reduce the harm caused by substance abuse, provide appropriate treatment for individuals and families affected by substance abuse problems, and strengthen enforcement efforts that reduce access to illegal substances.

We can achieve a system of services that gives every child in Saskatchewan the best possible chance to grow up free from addiction, and provides every individual who does develop a substance abuse problem with the support they need to access treatment that works.

More specifically, implementation of the proposed service enhancements and new actions will ensure that the province has a system in place so that:

- Every young person and parent in Saskatchewan has access to up-to-date information on drug and alcohol issues and risks.

- Healthy attitudes toward alcohol and drug abuse prevail.

- Supportive environments that promote the health and resiliency of individuals, families and communities are created throughout the province.

- Treatment resources produce the best possible outcomes.

- All Saskatchewan residents with substance abuse problems have timely access to appropriate and effective treatment, and the harm caused by substance abuse is reduced.

- Government is accountable to the public for anticipating substance abuse trends and issues, ensuring the network of addictions services responds to needs, and providing one of the best addiction prevention, treatment and enforcement networks in the country.

- Individuals, their families, and counsellors have centralized access to required substance abuse information and treatment.

- Communities have access to timely and appropriate supports that enable them to address substance abuse issues.

- High quality services are provided to individuals and their families, and counsellors are appropriately supported in doing their work.

- Data collection, basic research, monitoring and evaluation of outcomes contribute to a system of substance abuse services based on best practices.

- Strong penalties curtail trafficking and use of illicit substances.

- New crystal methamphetamine labs, drug houses and cannabis grow operations are prevented, and existing operations are shut down.

With this in mind, this report sets out to provide an overview of current services, identify the key issues that need to be addressed, and make recommendations that will enable the province to achieve the outcomes identified above through a comprehensive three to five year plan.

Substance Abuse in Saskatchewan

Saskatchewan's substance abuse services support the needs of the most vulnerable members of our society. Successful addiction policy, programming and prevention should be viewed as contributing not only to population health, but also to the economic well being of the province.

Substance abuse is linked to domestic violence, crime, school dropout, and health concerns such as unintended pregnancy and diseases from unprotected sex. It strains health care, social service, education and legal systems, stresses the emotional and financial resources of families, and causes significant losses in workplace productivity.

The Canadian Centre on Substance Abuse placed the costs associated with alcohol use in Saskatchewan at $266 million in 1992 or $265 per capita. This included $40.2 million in direct health care costs, $62.4 million in direct law enforcement costs, $0.5 million in direct losses in the workplace, and $139.6 million in indirect productivity losses. Today, those costs are higher, and will continue to rise without action to reduce problematic substance use and its impact on individuals, families and communities.

The most commonly abused substances in Saskatchewan are alcohol and marijuana.

Saskatchewan's rate of alcohol dependence (4 per cent or approximately 31,000 people over the age of 15) and alcohol abuse (8.5 per cent or 64,000 people age 15+) is the highest in the country and illicit drug dependence (0.8 per cent or 6,000 people age 15+) is equal to the Canadian average[1].

Overall, 78 per cent of Saskatchewan residents reported using alcohol in the past year, with almost 14 per cent reporting hazardous drinking and almost nine per cent indicating they had been harmed by their own use of alcohol. Additionally, over 35 per cent of respondents reported experiencing harm because of another person's use of alcohol. Problems included family and marital issues, arguments, verbal abuse and physical assault.

The rate of alcohol dependence is variable across the province. The probability that an individual will develop an alcohol addiction problem is greatest in one of the large urban centres and northern Saskatchewan[2]. This finding is related to the province's demographic

1 Statistics Canada. 2002 – Canadian Community Health Survey, Mental Health and Well-being
2 2003 Canadian Addictions Survey
Canadian Community Health Survey – Cycle 1.1, 2000/01

profile. Other studies have found that the regular, heavy use of alcohol is most common in late adolescence and early adulthood, as well as a two to six times greater risk for alcohol problems among Aboriginal youth than non-aboriginal youth. These populations tend to reside in cities and in the north. In a June 2005 survey conducted on behalf of Saskatchewan's newspapers, nearly 89 per cent of respondents to the survey knew an alcohol abuser personally.[4]

The use of cannabis in Saskatchewan is below the national average with 11.4 per cent reporting use in the past year, and 41 per cent using this drug at some time in their life[5]. Several studies have concluded that the use of cannabis by young people increased sharply in the late 1990s after generally declining over the last two decades.

The lifetime use of most other illicit drugs in Saskatchewan is below the national average. Eight per cent of Saskatchewan residents report using cocaine or crack at some time, four per cent have used speed, 3.1 per cent have used ecstasy, and 9.3 per cent report using hallucinogens[6]. However, almost one-quarter of Saskatchewan residents who used illicit drugs in the past year indicated their use had caused them personal, social, physical or financial harm. This was above the national average for drug-related harm to self.

The use of crystal methamphetamine is an emerging issue across western Canada. Although the number of crystal methamphetamine users is not as large as those who abuse other substances, this drug causes devastating consequences for individuals. In the June 2005 Sigma Analytics survey, only 20 percent of respondents had reported that they personally know someone who has abused crystal meth, although the majority of respondents saw this drug as having a far more devastating effect on individuals than any other substance[7]. A highly-addictive, inexpensive substance that is manufactured from readily available ingredients, crystal methamphetamine causes considerable cognitive impairment that can take months or years to repair, with many abusers exhibiting violent and/or psychotic behaviour.

While it appears that crystal methamphetamine use is still relatively low in Saskatchewan compared to other substances, the threat this drug poses must be addressed. Experiences south of the border, and in British Columbia and Alberta, indicate that early action is required to prevent Saskatchewan from becoming a haven for clandestine labs, and to reduce demand for and supply of this substance.

4. *Drug Abuse in Saskatchewan: Perceptions, Knowledge and Harm*, Sigma Analytics, June 2005
5. Canadian Addiction Survey 2004
6. Canadian Community Health Survey – Cycle 2.1 – 2005
7. *Drug Abuse in Saskatchewan: Perceptions, Knowledge and Harm*, Sigma Analytics, June 2005

As with alcohol, the use of illicit substances is quite variable across the province, with the highest rate of lifetime use – over 48 per cent – occurring in northern Saskatchewan[7]. By comparison, an average of 28.9 per cent of all Saskatchewan residents report some lifetime use of at least one illicit substance.

Additionally, several studies indicate a number of trends in specific subsets of the population. For example:

- after declining for many years, substance abuse by young people is increasing[8];
- multiple substance use is common among youth who abuse drugs[9];
- northern Saskatchewan, with the province's most rapid population growth and highest percentage of youth, experiences the highest rate of substance abuse[10];
- Fetal Alcohol Spectrum Disorders (FASD) is a serious concern in the Aboriginal community;
- the rate of substance abuse is highest in the Aboriginal population and first use occurs at a younger age in this population[11];
- the abuse of solvents is more prevalent among Aboriginal youth. One in five Aboriginal youth has abused solvents, with a third of users under age 15[12];
- homeless or street-involved people have very high rates of alcohol and drug abuse, are difficult to engage in treatment, and frequently present with multiple problems[13]; and
- among the province's estimated 3,500 – 4,000 injection drug users, the risk of contracting and spreading HIV and Hepatitis B and C through needle sharing and unsafe sexual activity is significant, with the prevalence of Hepatitis C approaching 50 per cent in this population[14].

Accordingly, there are four populations that need targeted attention: youth, aboriginal people, street-involved, and northern residents. These are not necessarily discrete groups, however the needs of all of these populations present complex challenges.

7 *Best Practices: Treatment and Rehabilitation for Youth with Substance Use Problems*, Health Canada, 2001

8 Northern Health Strategy, Saskatchewan Health, 2002; Canadian Community Health Survey – Cycle 1.1, Statistics Canada, 2002; Canadian Community Health Survey – Cycle 2.1, Statistics Canada, 2003

9 *Best Practices: Substance Abuse Treatment and Rehabilitation*, Health Canada, 1999

10 *AIDS/HIV – Recommendations for a Strategy on HIV, Blood-borne Pathogens and Injection Drug Use*, Provincial Strategy Team on HIV, Blood-borne Pathogens and Injection Drug Use, Saskatchewan Health, 2002

Substance Abuse Services in Saskatchewan

Evidence suggests that a broad community response is the most effective way to prevent drug and alcohol abuse, reduce the harm caused by substance abuse, decrease supply, and treat those with substance abuse problems. In Saskatchewan, the existing network of health services is primarily supported by an integrated regional-delivery system (through the health regions), with strong central support provided by the provincial government and various advisory bodies. An extensive array of services is provided by numerous partners, including health professionals, addiction counsellors, social workers, enforcement officials, educators, governments and community groups.

The current network of services is predicated on a need for strong prevention, education, treatment and enforcement strategies that work together to combat existing and potential addiction issues. These include:

- prevention and education information provided to the general public and targeted populations through websites, media campaigns, schools, community associations, and various outreach efforts;
- access to treatment services provided through the health regions and other agencies, which can be accessed by physician/counsellor referrals, direct inquiries (e.g., HealthLine), or supported through community-based agencies;
- enforcement efforts aimed at reducing supply of illegal substances, which are supported by the RCMP, police services, community organizations, etc.; and
- policy, planning and evaluation initiatives, which allow for continued improvement of the network and its services.

As the lead provincial government department responsible for substance abuse issues, Saskatchewan Health funds alcohol and drug services as a core service. In 2004/05, $23 million was provided for a full range of treatment and recovery services including detoxification, inpatient, long-term residential, outpatient (counselling and rehabilitation), and day treatment services. Services are available in every Saskatchewan health region, as well as through several community-based organizations involved in treatment, awareness and prevention programs.

There are currently 89 detoxification, 164 inpatient and 9 long-term residential addictions treatment beds in 13 facilities, and 50 regional health authority and community-based outpatient programs, throughout the province. Occupancy for detoxification services averages over 85 per cent, while inpatient and long-term residential beds are occupied

about 70 percent of the time due to intake cycles, early self-discharge and Christmas closures (excluding detox).

In addition to the supports provided through Saskatchewan Health, several government departments and numerous other groups contribute significantly to substance abuse prevention and treatment in the province.

Saskatchewan Learning promotes a holistic approach to health education that recognizes the shared responsibility of parents, educators and the community to encourage young people to adopt healthy behaviours. The health education curriculum focuses on teaching students to make healthy choices. Initiatives such as *Caring and Respectful Schools* provide a framework for schools to work with families, service providers and communities to provide the context for personal and social development, and academic success, for students. Saskatchewan Learning has also developed a package of drug awareness and prevention information that is being distributed through the schools to parents, caregivers, teachers and students. This information is also posted on the department's web site.

Saskatchewan Community Resources and Employment provides a range of supports and services to populations at risk for substance abuse, including a partnership with the Ranch Ehrlo Society to serve high risk children and youth who are in need of protection and require specialized treatment for addictions and other problems. The Society operates two 10-bed adolescent group homes that treat young people with substance abuse problems.

Saskatchewan Corrections and Public Safety provides substance abuse and methadone maintenance programs at all institutions. *The National Offender Substance Abuse* program is offered at the Saskatoon, Prince Albert and Buffalo Narrows Correctional Centres, while low intensity programs are offered at Pine Grove and Regina Correctional Centres. Additionally, the low to medium intensity *Choices* program is available through Prince Albert and La Ronge Probation Services, and the *Discovering Empowerment for Women* program is provided in partnership with the Prince Albert Council on Alcohol and Drug Abuse in that city. Saskatchewan Corrections and Public Safety has also partnered with Saskatchewan Health to provide the *St. Louis Impaired Driver Treatment* program.

Increasing the level of inter-sectoral co-operation has proven valuable in fostering integration of services across several departments and agencies and providing a more holistic continuum of services. These are needed to address the complex issues surrounding substance abuse and include:

School^{plus}: The Government of Saskatchewan's strategic plan is to ensure the well-being and success of every child and young person. The goal of School^{plus} is to create the conditions where all children and young people have the opportunity and supports they

need to develop to their full potential. A collaborative planning environment is critical to the success of School[1][2]. Schools benefit from services from addictions counsellors who would work with youth, their families, and their community. Alcohol and drug services support the strategy by leading training events, specific to addictions issues and working with at-risk populations, and developing addictions services/resources tailored to at-risk youth.

KidsFirst: The Government of Saskatchewan's early childhood development initiative targets neighbourhoods and communities, and the northern part of the province that have high levels of psycho-social risk. One of Kids First's goals is to prevent and reduce Fetal Alcohol Spectrum Disorder (FASD) in the target population. Families with pregnant mothers misusing alcohol or high-risk families with newborns are identified and offered a range of support services including home-visiting services. Alcohol and drug services supports this initiative by providing training to community workers and partnering with the home-visiting teams.

Cognitive Disabilities Strategy (CDS): The Strategy provides a framework for supporting individuals from 0-24 years of age who have cognitive disabilities and significant behaviour and developmental challenges. The Strategy includes improvements to the knowledge and skills of individuals, families, care providers and organizations with the hiring of four Cognitive Disability Consultants in Regina, Saskatoon, Prince Albert and La Ronge, establishment of a flexible funding pool to supplement or extend existing programs that support individuals and their families in these communities; improvements to access of assessment and diagnostic services; and strengthened FASD prevention and intervention initiatives.

Others contributing to substance abuse prevention and treatment in the province include:

Alcohol and Drug Abuse Advisory Council – a citizen group that provides advice to the Minister of Health on policies, programs and priorities related to alcohol and drug abuse issues

Provincial Working Group – representatives of regional health authority alcohol and drug services that support the enhancement of clinical practice throughout the province, and provide centrally co-ordinated information and updates to practitioners

Provincial Program Support Unit – a provincial resource for regional health authority alcohol and drug services which provides policy, planning and evaluation supports to the regions in terms of the delivery of programs and services, as well as providing a central co-ordination function for the network of services

Addiction Medicine Advisory Committee – addiction medicine physicians and alcohol and drug clinicians that review and advise health region services on medical therapies for chemical dependency and dual disorders

All of these organizations, agencies, regional authorities and government departments work with parents, families and individuals affected by, or concerned about, substance abuse. Working together, the network of services is strong, but the consultations highlighted a number of areas that need some attention.

Assessing Current Services

Province-wide consultations with government and regional health authority officials, addictions workers, educators, community groups, police, affected individuals, parents and family members proved there is a great deal of concern about substance abuse in Saskatchewan.

Parents and families shared stories of absolute despair, not knowing where to turn or how to get help for their addicted loved one. Individuals who are recovering from their addiction and putting their lives back together were heard, as were the many deeply committed people working very hard to prevent and alleviate this suffering.

There is considerable social acceptability of substance use, especially alcohol, within the province. Paradoxically, there is a significant stigma associated with seeking help for a substance abuse or dependence problem that creates a barrier to those needing help. As a result, affected individuals and family members may delay seeking assistance. Changing the prevailing attitudes would have a significant impact on substance abuse in this province.

Both statistical data and anecdotal information gathered from addiction service providers indicate that alcohol is the most frequently abused substance in Saskatchewan. However, the damage being caused by other substances, particularly crystal methamphetamine, must not be minimized.

Discussions with parents during the consultation process, letters and written submissions, recent delegations to the Legislature, and media reports have all served to highlight the serious physical, mental, social and financial consequences of illicit drug use.

During the consultation process, it became very clear that substance abuse is harming our citizens physically, mentally, and financially. And it is causing serious emotional pain for individuals and families.

The experience of bordering states and neighbouring provinces provides an insight into what could happen in Saskatchewan if the threat of crystal methamphetamine is not dealt with appropriately. Aggressive action is necessary to stave off this danger, and the full implementation of actions contained in the Government's *Strategic Plan for Crystal Meth and Other Amphetamines* in Saskatchewan is critical.

The consultations revealed that there are many other positive initiatives underway *(see Appendix C – Summary of Provincial, National & Regional Strategies)*, and effective treatments that achieve positive outcomes are serving most clients well.

However, some gaps in the system have been identified. Improvements are needed to provide a more flexible response to preventing and treating substance abuse, and to ensure a consistently high quality of care is available to all Saskatchewan residents. Just as affected individuals have their own distinct circumstances and needs, communities present differing strengths and resources to address those needs. It is clear that a "cookie-cutter" approach will not work, and a system that is able to respond appropriately must be nurtured.

Specific measures are needed to address gaps in four areas of concern: prevention; treatment; co-ordination, education and central support; and supply reduction.

Recommended Solutions

Recommendations have been grouped according to the concern they primarily address. Some recommendations may have an impact in more than one area of concern.

Prevention

Effective prevention programs, especially those specifically targeted at high-risk populations, are a wise investment in the future. Preventing drug and alcohol abuse benefits the province's health, education and social services sectors, the business community, and individual families.

If young people can resist abusing substances in their teenage years, they are significantly less likely to develop a substance abuse problem in adulthood. In this respect, parents can deliver the most effective "anti-drug" message. All parents, not just those directly affected by substance abuse, need and want information and support to enhance their ability to become the best parents they can be, thereby building drug and alcohol resistance among youth. Parents can learn a number of strategies for increasing overall resilience in youth, making youth better able to cope with adversity in healthy ways throughout their lifetime.

There is also a need to focus on providing information directly to youth. The interim recommendations highlighted the need for greater access to accurate information for young people, particularly high school students. It is critically important to focus on crystal methamphetamine education and prevention to ensure it does not become the problem it is in other jurisdictions. It is also important to deal with Saskatchewan's number one substance abuse problem in youth and in others: alcohol abuse.

There are also issues with respect to providing good information to all Saskatchewan communities, especially those in remote northern locations. Some face resource challenges in providing factual and timely substance abuse awareness programs that build drug and alcohol resistance.

While recent initiatives to develop and distribute information through the school divisions and through media advertising provide a good base to build upon, individuals, parents and the general public identified a significant need to enhance prevention and awareness information and services.

Every regional health authority is developing strategies to improve population health as a contribution to the overall Provincial Population Health Promotion Strategy. Reducing substance abuse and enhancing mental well-being are two of the four identified priorities to accomplish this goal. Population health promotion approaches take a deeper and more long-term approach to issues like addictions by addressing the environmental issues at the root of the problem, rather than just treating the symptoms after they appear. A full range of prevention and health promotion initiatives is needed. This includes broad media and public education campaigns aimed at increasing awareness of substance abuse in the community and reducing the associated harms such as Fetal Alcohol Spectrum Disorders, which is 100 per cent preventable. But prevention and health promotion programming must go beyond changing individual attitudes and behaviour to include initiatives aimed at addressing other factors that determine our health such as poverty, homelessness, income, education and literacy. Regional health authorities should be supported in the development of their local population health promotion strategies, and the central provision of prevention resources must be expanded.

We should ensure that:

- *Every young person and parent in Saskatchewan has access to up-to-date information on drug and alcohol issues and risks.*
- *Healthy attitudes toward alcohol and drug abuse prevail.*
- *Supportive environments that promote the health and resiliency of individuals, families and communities are created throughout the province.*

Recommendations

1. **Create a new Alcohol and Drug Abuse Prevention and Education Directorate within the Department of Health.**

   The province needs to increase its resources for providing awareness and prevention information to youth and parents. Improved web-based services, access to information through the HealthLine, media placements, and other mediums of information have been helpful, but more needs to be done. Parents and youth need to be kept up-to-date on the substance abuse issues facing kids these days.

   A new directorate within the Department of Health, with centralized and increased resources, can ensure that a comprehensive, strategic and co-ordinated approach to substance abuse prevention and education is in place for the entire province. This focus is critically important to ensuring the longer-term objective of preventing substance

abuse issues before they start. This could be accomplished by working with the RCMP Drug Awareness Officers to increase the number of school presentations to students and their parents throughout the province. Increased availability of printed material and consultant support from within Saskatchewan Health to Regional Health Authorities would also help.

2. **De-normalize current attitudes about alcohol abuse and reduce the opportunity for abuse.**

Alcohol abuse is more prevalent in Saskatchewan than drug abuse, and the use of alcohol is generally a socially accepted practice. While the rates of alcohol dependence and abuse in Saskatchewan are the highest in the country, drug dependence is equal to the Canadian average. Consideration should be given to several measures that may help to change prevailing attitudes toward inappropriate use, and reduce the harm caused by the consumption of alcohol. These include:

- Reviewing the commercial permittee framework to minimize opportunities for unaccompanied minors to be present in venues where alcohol consumption is a primary or substantial activity (e.g. pool halls);
- Reviewing and recommending legislative/regulatory/policy changes to strengthen the sanction framework for providing alcohol to minors;
- Reviewing the sanction framework for providing alcohol to those who are already intoxicated;
- Reviewing minimum pricing standards for retail and on-table service of all beverage alcohol, and consider placing a surcharge on products that are deemed to be particularly harmful; and
- Ensuring that prevention and awareness programming addresses alcohol use and abuse, and targets populations at high risk for alcohol abuse (northern residents, youth)

Other major players that can assist in the efforts to curb alcohol abuse in Saskatchewan are the brewers, distillers and vintners. The Brewers' Industry Association indicates that brewers across the country currently contribute generously to charities and programs to help reduce the harm associated with alcohol use. The Association, and similar organizations of distillers and vintners, should be encouraged to voluntarily formalize this commitment, by directing a set percentage of profits toward prevention initiatives.

Treatment

The hallmark of substance abuse services is treatment, and while most individuals who seek treatment in Saskatchewan are able to access the services they need, there are some who are having difficulty. Treatment is a multi-stage process that begins with detoxification and is followed by some combination of outpatient counselling, day-patient programming or inpatient residential treatment.

Treatment Approach

There are a variety of ways to approach treatment issues for substance abuse, and sufficient information about the success and impact of many of these different approaches is not available. However, current research does provide some insight. In general, it appears the most effective treatment approaches:

- take a comprehensive, integrated systems approach that co-ordinates local, regional, provincial and national efforts from all r levant sectors and systems;
- target strategies that strengthen protective factors (especially for children and youth
- with multiple risk factors), and focus on building on the positive strengths and resiliency of young people;
- provide flexible access to a broad continuum of individualized program options (including harm reduction, cognitive behaviour and abstinence models);
- link various support services for clients as they progress in their recovery;
- honour and respect the cultural context and needs of specific populations;
- use community reinforcement treatment models, especially for those with fewer social supports and more severe substance abuse problems;
- engage all stakeholders, including youth, in the process of planning, developing and implementing solutions;
- undertake and evaluate demonstration projects before system-wide implementation, and build in ongoing monitoring and research to increase evidence-based best practice knowledge, identify successes, suggest modifications to address weaknesses, and identify harmful practices to be avoided; and
- ensure evidence-based best practices addictions services are available to all Saskatchewan residents in a reasonable and predictable time frame.

An approach to preventing and treating substance abuse that encompasses these principles will ensure Saskatchewan has effective policies and programs that produce good outcomes.

This integrated approach recognizes that the functions of addictions and mental health services need to be integrated to better treat patients with co-occuring conditions. This is

especially true for those addicted to crystal methamphetamine, which can trigger violent reactions and psychosis. The roles of addictions and mental health workers need to be equally valued, and the services they provide must be more closely integrated.

The Saskatchewan Model for Recovery Services (SMRS), which is the treatment model currently employed in the province, was developed in the 1980s. In practice, the model often means that a substance abuser "hits bottom" before seeking treatment. It is also heavily reliant on a traditional 28-day inpatient treatment program. Especially for young people and other target populations, this model is not effectively engaging individuals with substance abuse problems in treatment. An effective new treatment model that provides more community-centred outpatient approaches is required. In addition to producing better outcomes, this new model will lessen the demand for inpatient treatment.

Another key issue with respect to treatment is the issue of secure care for youth needing substance abuse treatment. There are cases of youth in Saskatchewan who are at a high risk of harm because of lifestyle choices linked to the dangerous use of drugs and activities associated with drug abuse, and these youth are unwilling to accept treatment. The issue of how to proceed with care and treatment for these individuals is complex, and requires further work in consultation with key stakeholders. These stakeholders include First Nations and Aboriginal groups, the Children's Advocate, the Human Rights Commission, other government departments, and Saskatchewan Youth in Care and Custody Network. A key principle guiding any review of this issue is the need to balance the rights of youth to be protected from harm with their right to make decisions about their own treatment.

Capacity

Capacity pressures exist in the system, and gaps were identified in the accessibility of treatment for youth, women, and northern residents. These pressures often show up in wait times for services. For example, detoxification is considered emergent care and wait times should not exceed one to two days. This standard is not uniformly being met.

Once detox is complete, people referred to residential treatment programs should not have to wait. However, most inpatient centres report two to four week wait times, which may present a barrier to recovery for patients who are motivated to address their addictions.

- The need to improve access to inpatient treatment is most acute for substance abusing youth. Over the past few years, the percentage of youth admitted for any addiction service has remained steady at 17 per cent of total admissions. However, there are only 12 inpatient beds, less than 5 percent of total beds, specifically dedicated to treating young people. While youth are admitted for treatment to adult facilities, this approach does not provide an optimal approach to meeting the specific needs of young people, and more youth stabilization and treatment programs are needed.

Capacity pressures for substance abuse treatment are particularly acute in some regions. For example, there are capacity pressures on methadone programs in Saskatoon and Prince Albert. This is particularly worrisome given that nearly half of the 3,500 to 4,000 injection drug users in Saskatchewan test positive for Hepatitis C, and many participate in harmful behaviours such as needle sharing and unprotected sexual activity. More resources are needed to improve awareness and harm prevention programs targeted at reducing HIV and Hepatitis C transmission among injection drug users. This includes providing additional resources for methadone programs to allow for the hiring of more counsellors, and enhancing needle exchange and awareness programs.

Flexible, Responsive Services

Families are frequently overwhelmed by the demands and stress of dealing with drug or alcohol addictions. Many parents indicate they simply need a break, even for a few hours, from caring for an addicted child.

Another identified need relates to the experience some individuals have once they move out of an inpatient treatment program to an outpatient program. The likelihood of success for that person is greatly enhanced if there are housing options available that provide safe, healthy places to live. For some, this type of housing is not available and consequently the likelihood of returning to substance abuse is very high.

The needs of parents who have substance abuse issues, particularly single parents, were also raised during the consultations. Current inpatient treatment models appear to work well for those who meet the criteria for admission. However, inpatient services for those with dependent children, especially women, need to be more accommodating. Addicted parents may be unable to access treatment because of childcare concerns, or may be unwilling to seek treatment if it means their children will be placed in foster care. Currently, there are no facilities in the province that allow children to remain with parents during treatment.

Another issue that presented itself during the consultations and in the context of best practices in the judicial system is that of addicted offenders. The links between substance abuse and criminal activity are quite significant. Canadian studies estimate that 38 to 68 per cent of offender populations are alcohol or drug dependent, which is a substantially higher rate than in the general population. Half of offenders report being intoxicated when committing the crime for which they are imprisoned, and approximately 12 per cent of federal inmates test positive for substances in random testing. Federal Corrections surveys have found that 34 per cent of offenders have used injected drugs, with 11 per cent indicating injection drug use while incarcerated. Not surprisingly, Canadian Centre on Substance Abuse data indicates that the rate of HIV infection in inmate populations

is greater (one to seven per cent) than in the general population, with a much higher, and growing, rate of Hepatitis C infection.

By factoring in several indicators (substance dependence, intoxication at the time a crime is committed, and the need to obtain money to buy alcohol or drugs), it is estimated that 40 to 50 per cent of crime can be attributed to the use of at least one substance.

In some jurisdictions, the introduction of a "drug treatment court" has provided a useful tool to help offenders with addictions ensure that they receive appropriate treatment and avoid/minimize further involvement with the judicial system. Drug treatment courts represent a concerted effort to break the cycle of substance abuse and criminal recidivism, by facilitating treatment for offenders who meet specific criteria, and providing an alternative to incarceration by offering an opportunity to complete a court-monitored treatment program. This type of approach appears to be much more effective in the long run for both the health and correctional systems.

The development of a drug treatment court model for the province, as is currently being piloted in Regina and other Canadian cities, is anticipated to be an effective way to improve outcomes for those who offend primarily because of their abuse of substances.

We should ensure that:

- *Treatment resources produce the best possible outcomes.*
- *All Saskatchewan residents with substance abuse problems have timely access to appropriate and effective treatment, and the harm caused by substance abuse is reduced.*

Recommendation:

3. **Redevelop the current provincial treatment model to reflect best practices.**

   Evidence suggests that the current treatment model is not effectively engaging the target groups in treatment. A more flexible community treatment model, adapted to individual needs and circumstances, and reflective of known best practices including harm reduction, is required, especially for those with multiple problems. For example, evidence suggests that brief inpatient stabilization treatment for addicted youth that is followed by flexible, intense, longer-term outpatient treatment produces the best possible outcomes. As the model is redeveloped, the needs and culture of First Nations and Métis communities must also be considered. The model must be flexible enough to include the Aboriginal perspective of holistic health and healing, and be adaptable in order to address the diversity amongst Aboriginal communities.

The other component of the treatment model will need to reflect the results of the Government's review of methods of helping addicted youth who are difficult to engage, resistant to voluntary treatment, and considered at-risk of serious harm to themselves or others. This review will include exploring secure care, with the expectation of an action plan by fall 2005.

The upcoming western Canada clinical conference on best practices in treatment and prevention announced at the meeting of Western Ministers of Health, Justice and Public Safety on June 16th in Regina will contribute to the redevelopment of the provincial treatment model.

4. **Significantly enhance youth treatment capacity, and expand overall service capacity.**

As identified in the interim report, there is a need to expand treatment capacity, particularly inpatient longer-term treatment and shorter-term stabilization services for young people with substance abuse issues. More specifically, the following capacity increases should be pursued:

- Develop a new, *longer-term, inpatient, residential youth treatment facility* in Prince Albert in co-operation with First Nations and the federal government. A new 15-bed facility could serve up to 125 youth per year and is consistent with the priorities of both the province and First Nations to help improve services for addicted youth, particularly Aboriginal youth.

- *Develop 12 beds for youth stabilization in Saskatoon* in addition to the current 12 treatment beds at Calder Center to meet the needs of approximately 600 youth per year that need short-term stabilization services. The addition of youth stabilization beds and a new longer-term inpatient youth treatment facility will triple the number of beds for youth in the province.

- *Double the brief detox capacity* in the province from 12 to 24 beds by adding 12 new beds in Regina, which will allow the system to accommodate up to 4,400 short-term admissions per year (12 to 48 hours with supporting counseling/referrals).

- *Expand social detox capacity* in Prince Albert from 6 to 12 beds, supporting an additional 300 admissions per year and alleviating pressure on Saskatoon and Regina centres.

- Expand outreach and outpatient services across the province. Implementation of the new provincial treatment model will require that resources be directed

toward expanding outpatient and outreach services, especially for youth. For example, street-front community based centres that offer clinical substance abuse services, parenting education, counselling, crisis intervention and other services, could be enhanced so that they are open in the evenings and on weekends, as opposed to their current Monday to Friday, 9 to 5 operations. Services also need to be offered in more communities.

- Expand the methadone and needle exchange programs to address capacity pressures in specific communities such as Saskatoon and Prince Albert.

5. **Introduce new, more flexible, treatment supports for individuals and families.**

There is a need to provide respite for parents from the burden of care through highly individualized, flexible services. Support options must be tailored to the specific needs of individual families, and should be available during each stage of recovery.

Most young people have a safe, supportive home environment. However, for some youth and adults there is a need for supportive transitional housing that provides these individuals with a place to live while outpatient treatment and/or life skills support is being pursued. Housing that is based on the mental health model of certified approved homes should be considered.

Treatment centres that are adapted to the specific needs of families are required. A new stand-alone facility is not necessarily required; a reconfiguration of existing facilities to accommodate individuals with children, or other options that support families while parents receive treatment, would provide for a prompter response that uses resources more effectively.

There should also be a mobile treatment capacity developed to meet the needs of the those in Northern Saskatchewan that do not have access to more traditional avenues of service.

As well, enhancement of therapeutic treatment of addicted offenders is recommended.

Co-ordination & Central Support

In Saskatchewan, the majority of publicly funded substance abuse services are centrally co-ordinated/supported and regionally delivered through the health regions. This strategic approach has been chosen based on the understanding that a community or regionally-based delivery model is an effective way to ensure the unique needs of different areas in the province are met. In practice, there are some frustrations with a lack of co-ordination within the current system and a number of issues were identified. A stronger, more strategic, centrally co-ordinated approach to substance abuse issues is needed.

A major issue relates to the accessibility of centrally co-ordinated information. Too often, information on addiction issues and treatment options is not on the radar screen of individuals, parents and families until they are desperately seeking assistance in the midst of a crisis. The provision of accurate, up-to-date information through a central resource will reduce stress for individuals and families seeking help and ease service provision by addiction workers.

In response to interim report recommendations to provide substance abuse and treatment information through a 24-hour telephone help line, the province expanded HealthLine, the toll-free number for health services (1-877-800-0002), to include substance abuse information and advice. This is a great step forward, but up-to-date information on the availability of treatment beds needs to be provided to counsellors through a central resource.

Consistent with the strategic direction of more locally/regionally delivered services, the role of individual communities in dealing with substance abuse issues cannot be overstated. Evidence-based best practices literature suggests that a broadly based, multifaceted, community response is the most effective way to combat drug and alcohol use and addictions. Building capacity and relationships within and among communities to address local problems takes time and is an ongoing process. There are a number of systemic, structural and functional ways government can co-ordinate, support and contribute to this process.

Inconsistencies in treatment across the province are largely due to variations in the training and qualification of addiction workers. Those working in the field have raised issues with feeling disconnected from their colleagues, and wanting access to better information about what is happening in other areas across the province, and in other jurisdictions.

There is a general need to ensure the provision of substance abuse services in Saskatchewan is consistent and in keeping with evidence-based best practices. Research, monitoring, and consultation with addictions services providers and agencies providing substance

abuse services is needed to increase and standardize the knowledge base, and improve accountability. Concerns were expressed with respect to the need of individuals and their families to be aware of the quality of substance abuse services they can expect to receive. A lack of accreditation or transparency in some areas of programming was an issue for some.

We should ensure that:

- *Government is accountable to the public for anticipating substance abuse trends and issues, ensuring the network of addictions services responds to needs, and providing one of the best addiction prevention, treatment and enforcement networks in the country.*
- *Individuals, their families, and counsellors have centralized access to required substance abuse information and treatment.*
- *Communities have access to timely and appropriate supports that enable them to address substance abuse issues.*
- *High quality services are provided to individuals and their families, and counsellors are appropriately supported in doing their work.*
- *Data collection, basic research, monitoring and evaluation of outcomes contribute to a system of addiction services based on best practices.*

Recommendations

6. Complete a Community Development Framework that is in keeping with Canada's Drug Strategy, and report to the public on progress.

A centrally co-ordinated, strategic direction for substance abuse issues would help ensure that the regional delivery model is supported. A provincial Community Development Framework that is in keeping with Canada's Drug Strategy would set clear directions for the system, and the province would be accountable to the public to report on progress and achievements.

To better link with national initiatives, a provincial Health Enforcement Education in Partnership (HEP) co-ordinator is needed to develop collaborative initiatives among partners addressing substance use and abuse issues. The co-ordinator should lead the re-development of the provincial model of recovery services guidelines and provide training and support to regional health authorities in developing and implementing new approaches to treatment.

7. **Centralize access to treatment information.**

An up-to-date central registry of provincial treatment facilities and treatment space availability should be available to counsellors who deal with individuals and their families seeking treatment.

8. **Improve supports to communities that help them battle substance abuse issues.**

Initiatives that deliver consistent messages through multiple mechanisms, and are supported with strong community reinforcement, are particularly effective in changing social attitudes and behaviour. Several communities have already taken steps to bring stakeholders together to address local substance abuse issues. These initiatives focus the resources of mayors and councillors, addictions and mental health servic providers, educators, police, the business community, First Nations, parents and youth on finding local solutions that take into account cultural, geographic and other unique factors.

This kind of community development is more meaningful when initiated by communities themselves. However, they often require support and capacity building in order to take on these initiatives. A tool kit should be developed to support communities as they build relationships and capacity to address substance abuse prevention and treatment issues in a co-ordinated, comprehensive manner. Additional support for communities should be available through Saskatchewan Health consultants and from a provincial drug strategy co-ordinator. In addition, a central listing of key resources (e.g., a speakers bureau) could be helpful to communities.

9. **Introduce a province-wide training strategy for addictions workers, and ensure that publicly funded programs undergo an accreditation process.**

A central information resource and standardized training are needed so that the newly developed model for substance abuse services for the province can be uniformly implemented. Following this training, regional health authorities and other community-based organizations providing addiction services should be held accountable for delivering services in keeping with the new model. This could be built into existing accountability frameworks and service agreements.

Saskatchewan Health must continue to support the concept of integrated mental health and substance abuse services by providing resources and support to the Provincial Cross-Training Initiative. This initiative will build capacity to provide services that are based on best practices, increase access to enhanced and appropriate services, and more effectively meet the needs of clients with co-occurring addiction and mental health issues.

Resources should also be provided to ensure that publicly funded programs are able to undertake an accreditation process that would provide clients of substance abuse services with another reference to assess the quality and nature of the services being offered. All publicly funded substance abuse programs should be required to meet this standard as a requirement of funding. This process could also be encouraged on a voluntary basis for privately funded programs, which would enable them to improve client confidence in their programs/services.

10. Increase what is known about substance abuse issues and how best to treat them by supporting a substance abuse research chair at the University of Saskatchewan, and improving program evaluation and data collection.

A university research focus could add considerably to the quality of services provided in Saskatchewan by defining a research agenda and generating knowledge about substance abuse issues. The chair could support public policy development, outreach and teaching functions, and serve as a community resource. An emphasis on integrated health services approaches can be part of the research focus. Private sector funding for this initiative could be pursued.

In addition, there is a lack of long-term statistical evidence to support specific prevention and treatment protocols, particularly for the target groups. Additional resources should be directed toward tracking and evaluating new, emerging and promising treatment protocols and prevention programs. An appropriate level of dedicated funding for evaluation should be built in to program costs across the substance abuse services system.

Filling the gaps in basic statistical data on the size and nature of substance abuse in Saskatchewan would also be helpful, so that progress can be measured and emerging concerns can be identified.

11. Improve co-ordination among departments and with other jurisdictions.

Greater integration of services from several departments and agencies would be valuable. Narrowing mandates and inflexibility of individual sectors is counter-productive to the level of inter-sectoral co-operation needed to address these complex issues.

Many of the recommendations contained in the *Commission on First Nations and Métis Peoples and Justice Reform* report target substance abuse including traditional healing practices, multi-disciplinary community-based approaches to Fetal Alcohol Spectrum Disorders, population health promotion and prevention, therapeutic courts, youth detox, and accessible services for children and youth. The need for improved

substance abuse services that better meet the needs of Aboriginal people has also been identified as a priority area for inclusion in the development of a national *Aboriginal Health Blueprint* and Saskatchewan implementation plan. Opportunities to reduce any overlaps, address existing gaps and make the most effective use of resources through reciprocity agreements amongst all jurisdictions (provincially funded, First Nations, Métis, community-based or non-profit organizations) should be pursued.

Saskatchewan can also benefit from working closely with other governments to address common concerns, as evidenced by the recent Western Premiers meeting and conference on crystal methamphetamine.

12. **Ongoing attention to alcohol and drug addiction services is required to continue the current momentum and focus on substance abuse issues.**

The development of effective strategies, policies and programs that address substance abuse is an ongoing process that requires effective monitoring and reporting. The most significant gaps in service are youth-related and continued attention to alcohol and drug services is required. The capacity of the Children's Advocate office should be enhanced to maintain the current momentum to address these concerns. The Advocate should help to create awareness, review and promote best practices, provide follow-up to ensure necessary actions are taken, and improve accountability through annual reporting.

Supply Reduction

Reducing the supply of illicit substances in our communities is a shared responsibility. The use of crystal methamphetamine is a growing concern in Saskatchewan. Strong actions are required to combat growing use of this substance in this province.

At the present time, most of the crystal methamphetamine (and other illicit substances) that is available at the street level in Saskatchewan is imported from elsewhere. As other jurisdictions take steps to curtail manufacturing facilities and grow operations, the risk of these kinds of operations proliferating in Saskatchewan increases.

The interim recommendations included support for the MethWatch program and a discussion of crystal methamphetamine at the Western Premiers' conference to share ideas and address inter-provincial trafficking. As a result of the Western Premiers' discussion in May 2005, Saskatchewan's Premier hosted a conference of the Western Canada Ministers of Health, Justice and Public Safety, "Building Partnerships to Address Addictions – responding to crystal meth" in Regina on June 10, 2005. The conference had two main themes – supply reduction and treatment.

Many issues were identified at this conference, and the different jurisdictions were united in their call for specific recommendations in dealing with crystal meth. For example, participants in the June 10 meeting noted that the maximum penalties for possession or trafficking of opiates or cannabis are much harsher than those for possession or trafficking of crystal meth. The classification of illicit drugs and legal penalties for trafficking resides with the federal government.

Ministers also noted that the vast majority of crystal meth comes from "superlabs". Limiting supply of ingredients to these labs requires improved controls. Currently, licensing and monitoring of precursors by Health Canada does not require extensive background checks, monitoring of sales, reporting of suspicious transactions, or inspections. Amendments to federal legislation are needed to improve controls, ensuring that only legitimate manufacturers are able to obtain precursor chemicals. There is also a recognized need to take a common approach to controlling over-the-counter cold remedies because they are a core ingredient in the production of crystal meth.

Many of the recommendations resonate within the broader context of substance abuse issues. The Saskatchewan government must work with other provinces and community stakeholders to strengthen legislation to better protect young people.

We should ensure that:

- *Strong penalties curtail trafficking and use of illicit substances.*

- *New crystal methamphetamine labs, drug houses and cannabis grow operations are prevented, and existing operations are shut down.*

Recommendations

13. Urge the federal government to strengthen penalties for drug possession and trafficking.

The federal government should be urged to reclassify methamphetamines within the *Controlled Drugs and Substances Act* (CDSA), thereby enhancing penalties for methamphetamine possession and trafficking, and to create new offences for possession of key ingredients and equipment used in the making of crystal methamphetamine. The federal Minister of Justice should also be urged to quickly implement recommendations approved by the Provincial/Territorial Ministers in January 2005, to make the trafficking of inhalants a Criminal Code offence or an offence within the *Controlled Drugs and Substances Act*.

The CDSA already makes trafficking near a school or any public place usually frequented by young people, and trafficking to or involving any person under the age of 18 in the commission of a drug offence, an aggravating factor in sentencing. Saskatchewan should support recent federal proposals to amend and strengthen Bill C-17 to provide greater recognition of the risk of harm to youth caused by trafficking in or near schools, or other places frequented by young people.

14. Build on the MethWatch program to include additional sources of methamphetamine precursors, and take steps to better control access to precursor ingredients.

MethWatch is a partnership of retailers and manufacturers to prevent the suspicious sale of common household products used to produce crystal methamphetamine. While most of the crystal methamphetamine available in Saskatchewan is currently produced elsewhere, the experience of other jurisdictions suggests that it is only a matter of time before small-scale, and then large-scale, operations are seen here. The Meth Watch program recently announced in Saskatchewan pertains to the sale of precursors at the retail level. The program should be built upon to include the sale of ingredients, like farm chemicals, to larger-scale manufacturers.

This activity will complement the commitment of governments at the June 10 meeting, where ministers agreed to the need to restrict the sale of products containing ephedrine and pseudo-ephedrine to behind the counter at appropriate locations. ministers asked for recommendations by October 1, 2005, with respect to volume controls, age restriction, and locations and the specific products that should be subject to restriction for over-the-counter cold remedies.

15. **Enhance supports to implement *The Safer Communities and Neighbourhoods* Act, and better promote the toll-free hotline for reporting drug houses.**

The province's Safer Communities and Neighbourhoods legislation is an effective tool for shutting down illicit drug or alcohol manufacturing laboratories and grow operations. Enhanced resources are necessary to support implementation of this legislation and extend coverage to more communities.

A specially trained multi-disciplinary team could be formed to investigate, provide a comprehensive response and dismantle clandestine lab sites, anywhere in the province. Such a team could include trained drug officers and fire fighters, paramedics, a child protection worker, Saskatchewan Environment personnel, safety supervisors and others.

The government's 1-866-51-SAFER hotline to report suspected drug houses is proving to be very effective. Calls are investigated by retired police officers, and dozens of drug houses have already been shut down in Saskatchewan. However, this service is not widely known and greater promotion is required.

Summary

A focus on improving substance abuse prevention and treatment in Saskatchewan is very timely, and requires the concerted and cooperative effort of many people, agencies, organizations, and governments. Building on the good work that is already being done in this area, these recommendations aim to help guide future efforts in improving the network of substance abuse services in Saskatchewan.

Appendix A

Best Practices Summary

Health Canada has identified a number of "best practices" in substance abuse prevention and treatment, which are summarized below.

Treatment – General

- Treatment should be provided in a group format unless contraindicated.
- Research supports the cost-effectiveness of outpatient treatment, however some patients require short or longer-term supportive accommodation.
- Brief intervention appears to benefit socially stable, low to moderately alcohol dependent people.
- Clients with fewer problems and more resources achieve better treatment outcomes. More effective interventions for those with a poorer prognosis need to be researched and developed.
- Treatment outcomes are better when appropriate therapy is delivered by competent counsellors who are able to empathize and forge a therapeutic alliance with clients.
- There is some evidence that supports mandated treatment (e.g., heroin abuse, drinking-driving remedial programs).

Evidence supports the effectiveness of:

- Social skills training
- Self-control training
- Brief motivational counselling
- Behavioural marital therapy
- Community reinforcement approaches
- Stress management training

Treatment Considerations – Women

- Barriers to treatment must be considered and a range of modifications and support services should be offered including the scheduling of sessions during school hours, the use of self-help materials, and the provision of transportation and childcare services.
- Additional service needs may include pregnancy support, sexual abuse counselling, parenting skills training and vocational assistance.

Treatment Considerations – Youth

- Treatment planning and delivery should be highly individualized, client-centred and client-directed (this approach is supported by tools like the "Stages of Change" model and motivational interviewing).
- Most individuals mature out of addiction. The harm reduction model, which responds to youth needs and stage of life, is most effective in ensuring young people come out of their addiction unharmed and intact.
- Treatment should be multi-dimensional, activity-based and offer choices that respond to individual needs.
- The treatment climate should be caring, respectful, safe and open, and should consider spiritual, mental, emotional and physical needs.
- Treatment should include community, peer and family support wherever feasible.
- Treatment should focus on positive strengths, not deficits, in the youth's life.
- Based on appropriate assessment, treatment should employ the least intrusive measures as a first option.
- Treatment should acknowledge resilience and focus on building specific skills that enhance self-esteem.
- It is important that programs include family therapy, behavioural skills counselling, family and peer support, and continuing care. Additional required services may include school re-entry assistance, vocational counselling, recreation services, psychosocial development, crises and sexuality counselling.

Treatment Considerations – Co-occurring Disorders

- Integrating services for those with co-occurring substance use and mental health problems is more promising than offering parallel or sequential treatment. People with mental health problems should not be excluded from addictions treatment and vice-versa.
- Specialized service providers need to co-ordinate referral and case management.
- Training is required not only for specialized service providers, but also for social services and correctional staff who are often at the point of first contact.

Prevention – Youth

- Build a strong framework that addresses protective factors, risk factors and resiliency.
- Seek comprehensiveness through complementary activities that employ a holistic, community approach.
- Ensure sufficient program duration and intensity that provides age appropriate messages throughout childhood and adolescence, and intensifies as risk increases.

- Base program on accurate information about the nature and extent of local use and associated problems.
- Set clear and realistic goals, objectives and activities that logically link together to address local circumstances, and that achieve results that can be measured over specific time frames.
- Monitor and evaluate the process and impact of efforts to ensure costs are in line with benefits.
- Address long-term sustainability and integration with core activities of participating community organizations from the outset.
- Consider the stages of adolescent psychosocial development to ensure the most effective response.
- Improve credibility by recognizing youth perceptions of the benefits and risks associated with substance use.
- Involve young people in program design and implementation.
- Develop realistic, credible messages (both explicit and implied). Combine the dissemination of accurate, objective information with skill development.
- Select and train competent, empathetic leaders and teachers who can involve young people in interactive group skill development activities and discussions.

Consultations List

Consultations were conducted across the province from February to May 2005 with provincial government departments, regional health authorities, educators and education administrators, corporations, community groups, public and private facility addictions workers, municipal authorities, enforcement officials, addictions groups and affected individuals and families. Consultations included:

- Saskatchewan Liquor and Gaming Authority
- Saskatchewan Justice
- Saskatchewan Health, Population Health Branch, Health Promotion Unit
- Mental Health & Addictions Services staff – Prairie North, Saskatoon, Sunrise, Prince Albert Parkland, Athabasca, Keewatin Yatthé, Mamawetan Churchill River, Regina Qu'Appelle, Five Hills, and Cypress Health Regions
- Saskatchewan Community Resources and Employment
- Saskatchewan Corrections & Public Safety, Child and Youth Services
- First Nations and Metis Relations
- Mental Health Ministerial Advisory Committee (MHAC)
- Alcohol and Drug Abuse Ministerial Advisory Committee (ADAAC)
- Provincial Working Group – Addictions Workers
- Saskatchewan Association of Chemical Dependency Workers
- Saskatchewan Institute for the Prevention of Handicaps
- Children's Advocate Office
- Medical Health Officer, Prince Albert
- Mayors and councillors of a number of rural and urban cities
- All Nations Hope AIDS Network Inc.
- AIDS Programs South Saskatchewan
- Canadian Centre on Substance Abuse
- Northern Lights School Division, La Ronge
- Carleton High School guidance staff, Prince Albert
- North Battleford School Division
- North Battleford Catholic School Division
- Labatts, Molson and Great West Brewery, Brewers Industry Association
- DARE Program, Elks Service Club, Saskatoon
- Parkland Alcohol & Drug Abuse Society, Yorkton

- Métis Addictions Council of Saskatchewan Inc. (MACSI), Saskatoon
- Race Relations Committee representative, Prince Albert
- Prince Albert Council on Alcohol & Drug Abuse (PACADA), Prince Albert
- Saskatchewan Association of Boards of Addictions Services
- KidsFirst, Regina
- City of Prince Albert Youth Activity Program
- Saskatoon and North Battleford Tribal Council and Métis Nation representatives
- Ranch Ehrlo Society, Regina
- Larson Intervention House – Detox Centre, Saskatoon
- Interval House, North Battleford
- Calder Centre, Saskatoon
- St. Louis Alcoholism Rehabilitation Centre, St. Louis
- Pine Lodge Treatment Centre, Indian Head
- Calgary Drop In Centre
- Government of Manitoba
- Prairie Region Drug Awareness, RCMP, Edmonton
- Chiefs of Police in Regina, Moose Jaw, Prince Albert and Saskatoon
- Saskatoon Police Service representatives
- Saskatchewan School Board Association
- Regina and Area Drug Strategy
- Alberta Adolescent Recovery Centre
- Families Against Meth
- Federation of Saskatchewan Indian Nations
- Western Ministers of Health, Justice and Public Safety meeting June 10, Regina "Building Partnerships to address Addictions - Responding to Crystal Meth"
- Individual parents, parent groups, individual addicted youth and addictions groups from rural areas, towns, small and large cities across the province including Saskatoon, Prince Albert, Swift Current, Yorkton, Maple Creek, and many more.

Summary of Provincial, National and Regional Initiatives

Provincial Strategies

Saskatchewan's Crystal Methamphetamine Strategy – The strategy focuses on four strategic areas: prevention; treatment; education; and reducing drug supply. It outlines several new initiatives, including additional youth stabilization and brief detoxification services, mobile treatment operations for northern communities, community outreach centres, and a public awareness campaign.

School[plus] – This school-based initiative aims to provide all children and youth with the opportunity and necessary supports to develop to their full potential.

Population Health Promotion Strategy – This strategy identified decreased substance use/abuse as one of four priorities for improving population health. It focuses on the conditions that create health, new ways of working for the health sector and partners, strengthening community action, creating supportive environments, and building healthy public policy.

KidsFirst – This early childhood development initiative targets 17 at-risk communities and Northern Saskatchewan. One of its goals is to prevent and reduce the occurrence of Fetal Alcohol Spectrum Disorder.

Action Plan for Primary Health Care – This umbrella program for all basic front-line health services encourages a holistic approach to providing a continuum of services, includes a range of health providers, involves the public, and recognizes that many factors influence health.

Complex Needs Cases Strategy – This partnership of human services ministries aims to provide a co-ordinated, effective and holistic response to people with complex care needs.

Cognitive Disabilities Strategy – This strategy provides a framework to support young people whose needs are not being met through traditional services because of cognitive disabilities and significant behaviour and developmental challenges.

National Strategies

Canada's Drug Strategy – This Health Canada strategy takes a balanced approach to reducing demand for and supply of drugs, and decreasing the harm caused by drug use and abuse. It focuses on community-based initiatives, public education, and best practices guidelines to support effective programming.

Health, Education and Enforcement Partnership – Co-ordinated by the Canadian Centre on Substance Abuse, this network of stakeholders encourages collaborative efforts to address substance use and abuse issues.

Drug Treatment Courts – As part of Canada's Drug Strategy, the federal government is committed to expanding the establishment of drug treatment courts. These courts promote the use of appropriate alternatives to incarceration that are more effective in breaking the cycle of drug use.

Regional Strategies

Regina and Area Drug Strategy – This strategy provides a framework for a co-ordinated, integrated response that reduces drug-related harm through the application of prevention, treatment, enforcement and harm reduction approaches.

Five Hills Drug Strategy – This coalition in the Moose Jaw area will address prevention, healing continuum, harm reduction, community justice and other alcohol and drug abuse related issues.

Community Action Team – This initiative in Swift Current is bringing together stakeholders to address addictions awareness, treatment and related issues.

Prince Albert Addiction Awareness Committee – This long standing community group addresses addictions issues and includes representatives from schools, community organizations, police, First Nations groups, the Métis Addictions Council of Saskatchewan Incorporated (MACSI), the Prince Albert Council on Alcohol and Drug Abuse, and Prince Albert Parkland Addiction Services.

Weyburn and Area Addictions Awareness Committee – The purpose of this committee is to draw attention to problems with, and solutions for, substance and gambling addiction.

Kelsey Trail Health Region crystal meth strategies – Through intersectoral collaboration, sub-committees have been established in five of the larger communities within the Kelsey Trail Health Region to address the issue of crystal meth abuse. Each committee has an action plan that is community specific.

Northern Health Strategy – This strategy recommends that the development of health services in the north that recognize the unique characteristics of the region, its people, and its infrastructure. Services emphasize prevention, as well as treatment.

Ad hoc activities – Throughout Saskatchewan, health care providers, law enforcement officials, educators and other concerned community representatives have worked together on an ad hoc basis to provide substance abuse prevention information to youth and parents.

Bibliography

1. *Best Practices: Substance Abuse Treatment and Rehabilitation*, Health Canada, 1999

2. *Best Practices: Treatment and Rehabilitation for Youth with Substance Use Problems*, Health Canada, 2001

3. *Best Practices: Treatment and Rehabilitation for Women with Substance Use Problems*, Health Canada, 2001

4. *Best Practices: Concurrent Mental Health and Substance Use Disorders*, Health Canada, 2001

5. *Best Practices: Treatment and Rehabilitation for Seniors with Substance Use Problems*, Health Canada, 2002

6. *Preventing Substance Use Problems Among Young People: A Compendium of Best Practices*, Health Canada, 2001

7. *Canadian Community Health Survey – Cycle 1.1*, Statistics Canada, 2002

8. *Canadian Community Health Survey – Cycle 2.1*, Statistics Canada, 2003

9. *The Costs of Substance Abuse in Canada*, Canadian Centre on Substance Abuse, 1996

10. *Canadian Addiction Survey (CAS): A national survey of Canadians' use of alcohol and other drugs: Prevalence of use and related harms*, Canadian Centre on Substance Abuse, 2005

11. *Healthier Places to Live, Work and Play ...A Population Health Promotion Strategy for Saskatchewan*, Saskatchewan Health, 2004

12. *The Regina Seroprevalence Study: A Profile of Injection Drug Use in a Prairie City*, Regina Health District, 2001

13. *AT RISK - Recommendations for a Strategy on HIV, Blood-borne Pathogens and Injection Drug Use*, Provincial Strategy Team on HIV, Blood-borne Pathogens and Injection Drug Use, Saskatchewan Health, 2002

14. *Toward School[ready] ... Planning for Health-Related Supports for Children and Youth*, Saskatchewan Health and Saskatchewan Learning, 2004

15. Crystal Meth - A Strategic Plan for Crystal Meth and other Amphetamines in Saskatchewan, Saskatchewan Health, 2005

16. *The Saskatchewan Action Plan for Primary Health Care*, Saskatchewan Health, 2002

17. *2004 –2005 Saskatchewan Provincial Budget Performance Plan: Kids First Strategy, Saskatchewan Health*, Department of Community Resources and Employment, Saskatchewan Learning, 2004

The Regina and Area Drug Strategy Report, Regina and Area Drug Strategy Reference Committee, Regina Qu'Appelle Regional Health Authority, 2004